

2633

PTO/SB/21 (08-03)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Application Number	09/540955
Filing Date	March 31, 2000
First Named Inventor	BuAbbud
Art Unit	2633
Examiner Name	Shi K. Li

RECEIVED

SFP 11 2003

Total Number of Pages in This Submission

Attorney Docket Number

Technology Center 2600

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Patent Application Fee Determination Record
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Paul E. Franz, Esq. Jones Day
Signature	
Date	September 4, 2003

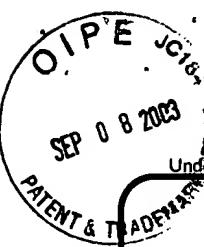
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Suzanne Koston		
Signature		Date	September 4, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 84.00)

Complete if Known

Application Number	09/540955	RECEIVED
Filing Date	March 31, 2000	SEP 11 2003
First Named Inventor	BuAbbud	
Examiner Name	Shi K. Li	
Art Unit	2633	Technology Center 2600
Attorney Docket No.	560043610132	

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number: 501432(Ref. 560043610132)
Deposit Account Name: Jones Day

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001	2001	750	375	Utility filing fee	
1002	2002	330	165	Design filing fee	
1003	2003	520	260	Plant filing fee	
1004	2004	750	375	Reissue filing fee	
1005	2005	160	80	Provisional filing fee	
SUBTOTAL (1) (\$)					

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	16	-20** =	0-	x	Fee from below	Fee Paid
Independent Claims	7	- 3** =		x	\$84	=\$84
Multiple Dependent						

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202	2202	18 9 Claims in excess of 20
1201	2201	84 42 Independent claims in excess of 3
1203	2203	280 140 Multiple dependent claim, if not paid
1204	2204	84 42 ** Reissue independent claims over original patent
1205	2205	18 9 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$ 84.00)		

*or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051	130	2051 65 Surcharge - late filing fee or oath	
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet	
1053	130	1053 130 Non-English specification	
1812	2,520	1812 2,520 For filing a request for ex parte reexamination	
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251	110	2251 55 Extension for reply within first month	
1252	410	2252 205 Extension for reply within second month	
1253	930	2253 465 Extension for reply within third month	
1254	1,450	2254 725 Extension for reply within fourth month	
1255	1,970	2255 985 Extension for reply within fifth month	
1401	320	2401 160 Notice of Appeal	
1402	320	2402 160 Filing a brief in support of an appeal	
1403	280	2403 140 Request for oral hearing	
1451	1,510	1451 1,510 Petition to institute a public use proceeding	
1452	110	2452 55 Petition to revive - unavoidable	
1453	1,300	2453 650 Petition to revive - unintentional	
1501	1,300	2501 650 Utility issue fee (or reissue)	
1502	470	2502 235 Design issue fee	
1503	630	2503 315 Plant issue fee	
1460	130	1460 130 Petitions to the Commissioner	
1807	50	1807 50 Processing fee under 37 CFR 1.17(q)	
1806	180	1806 180 Submission of Information Disclosure Stmt	
8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
1809	750	2809 375 Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810 375 For each additional invention to be examined (37 CFR 1.129(b))	
1801	750	2801 375 Request for Continued Examination (RCE)	
1802	900	1802 900 Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Paul E. Franz, Esq.	Registration No. (Attorney/Agent)	45,910	Telephone	216/586-3939
Signature				Date	September 4, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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SEP 08 2003

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PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

 Application or Docket Number
560043610132

CLAIMS AS FILED – PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	11	minus 20 = * -0-
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2	minus 20 = * -0-
MULTIPLE DEPENDENT CLAIM PRESENT		(37 CFR 1.16(d))

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	Fee	RATE	Fee
OR	\$ _____	OR	\$ _____
OR	X \$ _____ =	OR	X \$ _____ =
OR	X \$ _____ =	OR	X \$ _____ =
OR	+ \$ _____ =	OR	+ \$ _____ =
TOTAL		TOTAL	

CLAIMS AS AMENDED – PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			** -0-	= -0-
Total (37 CFR 1.16(c))	15	Minus	** -0-	= -0-
Independent (37 CFR 1.16(b))				
				3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
OR	X \$ _____ =	OR	X \$ _____ = -0-
OR	X \$ _____ =	OR	X \$ 84 = 252.00
OR	+ \$ _____ =	OR	+ \$ _____ =
TOTAL ADD'L FEE		TOTAL ADD'L FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			** -0-	= -0-
Total (37 CFR 1.16(c))	16	Minus	** -0-	= -0-
Independent (37 CFR 1.16(b))	7	Minus	*** 6	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE		RATE	
ADDI- TIONAL FEE		ADDI- TIONAL FEE	
OR	X \$ _____ =	OR	X \$ _____ = -0-
OR	X \$ _____ =	OR	X \$ 84 = 84.00
OR	+ \$ _____ =	OR	+ \$ _____ =
TOTAL ADD'L FEE		TOTAL ADD'L FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			**	=
Total (37 CFR 1.16(c))	*	Minus	**	=
Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE		RATE	
ADDI- TIONAL FEE		ADDI- TIONAL FEE	
OR	X \$ _____ =	OR	X \$ _____ =
OR	X \$ _____ =	OR	X \$ _____ =
OR	+ \$ _____ =	OR	+ \$ _____ =
TOTAL ADD'L FEE		TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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